

1 Leon Jon Bonney, Esq. (SBN 109010)
2 Bonney & Associates Attorney at Law
3 825 Van Ness Avenue, Suite 304
4 San Francisco, CA 94109-7837
5 Tel: 1-415-986-0115 Fax: 1-415-236-6479
6 Email: ljbonney@earthlink.net

7 Attorney for Debtors

8 **UNITED STATES BANKRUPTCY COURT**
9 **NORTHERN DISTRICT OF CALIFORNIA**

10 In re:

11 Julio P Julao Jr.

12 Elisa P Julao

13 Debtors

Case No. 09-31756 DM Ch. 13

R.S. No. GO-171

**DEBTOR'S OPPOSITION TO MOTION
RELIEF FROM STAY [HSBC Wells Fargo]**

Hearing Date: June 30, 2011 09:30 AM

Judge: MONTALI

Place: Crt Rm 22 – USBC 235 Pine Street San
Francisco

14 **DEBTOR'S OPPOSITION TO RELIEF FROM STAY R.S. No. GO-171**

15 Movant is HSBC Bank USA, Trustee FOR Wells Fargo Asset Securities Corporation.

16 This is a restored motion based on Movant's allegation that the debtors' loan modification was
17 denied on the basis that the loan modification application was not submitted. Movant is in
18 error, the loan modification was submitted.

19 The loan modification packet was transmitted on May 6, 2011 at 11:26 AM Pacific to
20 Atiya.Z.Nixon@wellsfargo.com, Cc: "Casper J Rankin" crankin@piteduncan.com; 1-866-
21 359-7363@myfax.com; "Elisa P. Julao" elisaj@comcast.net. The email
22 Atiya.Z.Nixon@wellsfargo.com is Atiya Z Nixon the Wells Fargo representative that was
23 assigned and identified to me to be the person responsible for processing the debtors' loan
24 modification application. Casper J Rankin is an attorney with Pite Duncan that has been
25 identified in previous of Movant's motions as its counsel. The phone number 1-866-359-7363
26 is the fax number which I was given by Wells Fargo as the number to fax the loan modification
27 documents. My fax service is an electronic fax service that is accomplished via email;
therefore the email address of 1-866-359-7363@myfax.com was used to fax the documents. A
copy of the email evidencing the transmission is attached hereto and incorporated herein by
reference.

Leon Jon Bonney
Bonney & Associates
Attorney at Law

1 Included in the loan modification application were the documents identified by Ms
2 Nixon as the required documents for the loan modification application and included 1.
3 Hardship Statement 2. Request For Modification and Affidavit (RMA) 3. WFHM Financial
4 Worksheet 4. Dodd-Frank Certification 5. IRS FORM 4506T-EZ 6. Pay Stubs for Both
5 Borrowers 7. 2010 Federal Income Tax Return. A copy of the loan modification application is
6 attached hereto and incorporated herein by reference.

7 By letter dated April 27, 2011 Ms Nixon informed me that she was "removing" the file
8 because she alleged she was not able to obtain additional information. However, in the same
9 letter she stated that: "We can reopen the file once the necessary documents have been
10 obtained." A copy of the letter is attached hereto and incorporated herein by reference. By
11 letter dated April 29, 2011 I requested that Ms Nixon keep the file open for the reason that the
12 documents would be delivered the following week and that the debtors had not abandoned their
13 request for a loan modification. A copy of the letter is attached hereto and incorporated herein
14 by reference. A copy of this letter was also delivered to Ms Nixon by fax and email dated
15 April 29, 2011. Ms Nixon replied by email dated April 29, 2011 that: "I will open the file back
16 up when I receive the documents needed. You can send the documents via email or fax. If you
17 send the documents by fax please email me to notify." A copy of the email is attached hereto
18 and incorporated herein by reference. As previously noted the loan modification packet was
19 transmitted on May 6, 2011 at 11:26 AM Pacific to Atiya.Z.Nixon@wellsfargo.com, Cc:
20 "Casper J Rankin" crankin@piteduncan.com; 1-866-359-7363@myfax.com; "Elisa P. Julao"
21 elisaj@comcast.net.

22 By email to Ms Nixon (Atiya.Z.Nixon@wellsfargo.com) dated Tuesday, May 24, 2011
23 11:23 AM I requested a status update. A copy of the email is attached hereto and incorporated
24 herein by reference. I did not receive a reply other than the *NOTICE OF MOTION FOR*
25 *RELIEF FROM AUTOMATIC STAY* filed on May 24, 2011.

26 Based on Movant's representation to open the file as stated by Ms Nixon in her email
27 dated April 29, 2011 (copy attached) it is improper for Movant to proceed with the Motion for
relief without having complied with their representation. The previous orders of this court
called for Movant to review and reply to debtors' loan modification application. As of the date
of this pleading there has not been a formal rejection of the submitted loan modification
application, nor has there been any communication regarding status.

1 WHEREFORE, debtors' request that the motion be denied and that Movant be
2 compelled to address debtors' loan modification application.

3
4 RESPECTFULLY SUBMITTED

5 /s/ Leon Jon Bonney

Dated: June 28, 2011

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Leon Jon Bonney
Bonney & Associates
Attorney at Law

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CERTIFICATE OF SERVICE

I, Leon Jon Bonney, hereby certify that I am an active member of the State Bar of California, Member Number 109010, and I am not a party to the within action. My business address is 825 Van Ness Avenue, Suite 304 San Francisco, CA 94109-7837.

On June 28, 2011, a true and accurate photo-copy of the following attached document(s) was/were served by one or more of the methods checked below:

• **DEBTOR'S STATUS STATEMENT RE RELIEF FROM STAY R.S. No. GO-171**

David Burchard, Trustee
393 Vintage Park Drive Ste 150
Foster City, CA 94404
TRUSTEE
Via ECF/ECM PACER at
TESTECF@burchardtrustee.com,
dburchard13@ecf.epiqsystems.com

PITE DUNCAN, LLP
c/o Gabriel Ozel, Esq.
4375 Jutland Drive, Ste 200
San Diego, CA 92117
ATTORNEY FOR CREDITOR
Via ECF/ECM PACER at Gabriel Ozel
ecfcamb@piteduncan.com
Via Fax 1-619-590-1385

☐ First Class US Post Service
☒ Facsimile Transmission
☐ Certified Mail
☒ Via Electronic Email

☐ Overnight Express via
☐ Federal Express
☐ Personal Hand Delivery
☒ Other Trustee by PACER Noticing &
Other Parties Agreeing To Electronic Notice

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and that this declaration was executed on June 28, 2011, in San Francisco, California.

/s/ Leon Jon Bonney

By: Leon Jon Bonney SBN 109010

ATTACHMENT 1 JULAO 09-31756 DM

Bonney & Associates

From: "Leon Jon Bonney Atty" <bonney@lbonney.com>
To: <Atiya.Z.Nixon@wellsfargo.com>
Cc: "Casper J Rankin" <crankin@piteduncan.com>; <1-866-359-7363@myfax.com>; "Elisa P. Julao" <elisaj@comcast.net>
Sent: Friday, May 06, 2011 11:26 AM
Attach: BINDER LOAN MOD FINAL SEND JULAO.pdf
Subject: Julio & Elisa Julao Ch13 09-31756 DM Loan Number: 708 0062733753 Wells Fargo Home Mortgage
 Attn: Atiya Z. Nixon
 Well Fargo Home Mortgage – Loss Mitigation RMA
 1000 Blue Gentian RD Ste 300
 Eagan, MN 55121
 Via Fax 1-866-359-7363 and Email: Atiya.Z.Nixon@wellsfargo.com

Re Attorney's Authorization to Contact Borrowers
 Loan Number: 708 0062733753 Wells Fargo Home Mortgage
 3906 Savannah Ct, South San Francisco, CA 94080-3947
 Borrowers: Julio P Julao and Elisa P Julao
 In re Julio P Julao and Elisa P Julao Ch 13 Bankruptcy Case No. 09-31756 DM
 Request for workout options - Loan Modification Application Attached

Dear Ms Nixon,

Attached hereto please find the "loan modification" application of Mr. and Mrs. Julao. Included here with are the following documents:

1. Hardship Statement
2. Request For Modification and Affidavit (RMA)
3. WFHM Financial Worksheet
4. Dodd-Frank Certification
5. IRS FORM 4506T-EZ
6. Pay Stubs for Both Borrowers
7. 2010 Federal Income Tax Return

The attached documents represent all the documents and requests for information that you or your attorney has identified as being required to consider a loan modification. If there is any additional information or document that you require please let me know.

AUTHORIZATION TO CONTACT BORROWERS:

Please also consider this letter as authorization by Leon Jon Bonney attorney for the Julao's to WFHM, or its agents, to contact the borrowers direct for purposes of this loan modification.

Best Regards,

Leon Jon Bonney, Esq.
 Bonney & Associates Attorney at Law
 825 Van Ness Avenue Ste. 304 San Francisco, CA 94109-7891
 Tel: 1-415-986-0115 Fax: 1-415-236-6479 Web: www.LBonney.com Email:
Bonney@LBonney.com
 Licensed by the State Bar of California Since 1983. Office Hours M-F 9-5

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The information in this e-mail, including any attachments, is considered confidential and is

6/28/2011

ATTACHMENT 1 JULAO 09-31756 DM

intended only for the recipient(s) listed above. This email is covered by the Electronic Communications Privacy Act, 18 USCA 2510-2521. Any review, use, disclosure, distribution or copying of this e-mail is prohibited except by or on behalf of the intended recipient. If you have received this email in error, please notify me immediately by reply email, delete this email, and do not disclose its contents to anyone. Thank you.

ATTACHMENT 2 JULAO 09-31756 DM
LEON JON BONNEY, ESQ.

ATTORNEY AT LAW
BONNEY & ASSOCIATES

825 VAN NESS AVENUE, SUITE 304
SAN FRANCISCO, CA 94109-7891

TEL (415) 986-0115 FAX (415) 236-6479
Email: bonney@Lbonney.com Web: www.Lbonney.com

May 4, 2011

Attn: Atiya Z. Nixon
Well Fargo Home Mortgage – Loss Mitigation RMA
1000 Blue Gentian RD Ste 300
Eagan, MN 55121
Via Fax 1-866-359-7363 and Email: Atiya.Z.Nixon@wellsfargo.com

Re Attorney's Authorization to Contact Borrowers
Loan Number: 708 0062733753 Wells Fargo Home Mortgage
3906 Savannah Ct, South San Francisco, CA 94080-3947
Borrowers: Julio P Julao and Elisa P Julao
In re Julio P Julao and Elisa P Julao Ch 13 Bankruptcy Case No. 09-31756 DM
Request for workout options - Loan Modification Application Attached

Dear Ms Nixon,

Attached hereto please find the "loan modification" application of Mr. and Mrs. Julao. Included here with are the following documents:

1. Hardship Statement
2. Request For Modification and Affidavit (RMA)
3. WFHM Financial Worksheet
4. Dodd-Frank Certification
5. IRS FORM 4506T-EZ
6. Pay Stubs for Both Borrowers
7. 2010 Federal Income Tax Return

The attached documents represent all the documents and requests for information that you or your attorney has identified as being required to consider a loan modification. If there is any additional information or document that you require please let me know.

AUTHORIZATION TO CONTACT BORROWERS:

Please also consider this letter as authorization by Leon Jon Bonney attorney for the Julao's to WFHM, or its agents, to contact the borrowers direct for purposes of this loan modification.

Cordially,



Leon Jon Bonney
Attorney at Law

Cc: Mr. & Mrs. Julao, D Burchard Ch13 Trustee, Judge Montali,
C Rankin Attorney for WFHM - crankin@piteduncan.com
W/attachments

LJB/mmi

ATTACHMENT 2 JULAO 09-31756 DM

LEON JON BONNEY, ESQ.

ATTORNEY AT LAW

BONNEY & ASSOCIATES

825 VAN NESS AVENUE, SUITE 304
SAN FRANCISCO, CA 94109-7891

TEL (415) 986-0115

FAX (415) 236-6479

Email: bonney@Lbonney.com

Web: www.Lbonney.com

May 4, 2011

Attn: Atiya Z. Nixon

Well Fargo Home Mortgage – Loss Mitigation RMA

1000 Blue Gentian RD Ste 300

Eagan, MN 55121

Via Fax 1-866-359-7363 and Email: Atiya.Z.Nixon@wellsfargo.com

Re Hardship Statement

Loan Number: 708 0062733753 Wells Fargo Home Mortgage

3906 Savannah Ct, South San Francisco, CA 94080-3947

Borrowers: Julio P Julao and Elisa P Julao

In re Julio P Julao and Elisa P Julao Ch 13 Bankruptcy Case No. 09-31756 DM

Request for workout options - Loan Modification Application

To Whom It May Concern,

This letter is written on behalf of Borrowers Julio P Julao and Elisa P Julao and is intended as their statement of hardship. I am authorized to write this letter on their behalf pursuant to federal bankruptcy court orders establishing me as their counsel of record.

The Julao's suffered financial hardship due in main cause to 1) a reduction in income; 2) and increase in housing costs in particular the mortgage obligations, and 3) tax liability incurred when debtors chose t not to pay their income tax liability in favor of paying their mortgages. The result of which was their petition for relief under Bankruptcy Ch 13 Case No. 09-31756 DM. In summary, their efforts to maintain their home under the high costs of the two WF mortgages resulted in their insolvency (The second mortgage has since been ordered "lien stripped" by order of the bankruptcy court.). The federal bankruptcy court recognizing their insolvency approved their Chapter 13 plan on October 16, 2009.

The debtors continue to struggle making their mortgage payments as can be seen by the Motion for Relief from Stay filed by WFHM. The court recognizing the true condition of financial hardship faced by the borrowers has restricted by court order the payment to WFHM to 31% of the borrowers' gross income as found under the filed Schedule I. The Julao's are seeking a modification of their mortgage obligations under the same or similar terms as temporarily ordered by the Federal Bankruptcy Court.

Cordially,



Leon Jon Bonney

Attorney at Law

Cc: Mr. & Mrs. Julao, D Burchard Ch13 Trustee, Judge Montali
W/attachments

LJB/mmi

Making Home Affordable Program
Request For Modification and Affidavit (RMA)

ATTACHMENT 2 JULAO 09-31756 DM

MAKING HOME AFFORDABLE.gov

Print Form

REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) page 1

COMPLETE ALL THREE PAGES OF THIS FORM

Loan I.D. Number 708 0062733753

Servicer Wells Fargo Home Mortgage

BORROWER		CO-BORROWER	
Borrower's name	Julio P Julao	Co-borrower's name	Elisa P Julao
Social Security number	[REDACTED]	Social Security number	[REDACTED]
Date of birth	March 10, 1958	Date of birth	June 29, 1958
Home phone number with area code	(650) 878-5285	Home phone number with area code	(650) 878-5285
Cell or work number with area code	(415) 646-5751	Cell or work number with area code	(415) 314-6132

Court Redacted
SSN: 06/30/11

I want to: ☒ Keep the Property ☐ Sell the Property
The property is my: ☒ Primary Residence ☐ Second Home ☐ Investment
The property is: ☒ Owner Occupied ☐ Renter Occupied ☐ Vacant

Mailing address 3906 Savannah Ct, South San Francisco, CA 94080-3947

Property address (if same as mailing address, just write same) same E-mail address elisaj@comcast.net

Is the property listed for sale? ☐ Yes ☒ No
Have you received an offer on the property? ☐ Yes ☒ No
Date of offer _____ Amount of offer \$ _____
Agent's Name: _____
Agent's Phone Number: _____
For Sale by Owner? ☐ Yes ☒ No
Who pays the real estate tax bill on your property?
☐ I do ☒ Lender does ☐ Paid by condo or HOA
Are the taxes current? ☒ Yes ☐ No
Condominium or HOA Fees ☐ Yes ☒ No \$ _____
Paid to: _____ taxes are escrowed within monthly payment

Have you contacted a credit-counseling agency for help? ☒ Yes ☐ No
If yes, please complete the following:
Counselor's Name: Leon Jon Bonney Attorney
Agency Name: Bonney & Associates
Counselor's Phone Number: (415) 986-0115
Counselor's E-mail: Bonney@Lbonney.com
Who pays the hazard insurance premium for your property?
☒ I do ☐ Lender does ☐ Paid by Condo or HOA
Is the policy current? ☒ Yes ☐ No
Name of Insurance Co.: Allstate Insurance Company 0-37-960342-03/31
Insurance Co. Tel #: (800) 255-7828

Have you filed for bankruptcy? ☒ Yes ☐ No If yes: ☐ Chapter 7 ☒ Chapter 13 Filing Date: 6/26/09
Has your bankruptcy been discharged? ☐ Yes ☒ No Bankruptcy case number 09-31756 DM

Additional Liens/Mortgages or Judgments on this property: **Subject to ORDER VALUING LIEN OF WELLS FARGO BANK NA.

Lien Holder's Name/Servicer	Balance	Contact Number	Loan Number
**Wells Fargo Bank, N.A.	108,072.24	(800) 241-0039	172364360

HARDSHIP AFFIDAVIT

I (We) am/are requesting review under the Making Home Affordable program.
I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

- ☒ My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower.
- ☒ My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
- ☒ My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.
- ☒ My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.

Other: Due to our financial situation we had to file a bankruptcy under Ch13 Case #09-31756 DM

Explanation (continue on back of page 3 if necessary): SEE ATTACHED HARDSHIP LETTER FOR EXPLANATION.

page 1 of 3

ATTACHMENT 2 JULAO 09-31756 DM

REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) page 2

COMPLETE ALL THREE PAGES OF THIS FORM

INCOME/EXPENSES FOR HOUSEHOLD¹

Number of People in Household: 4

Monthly Household Income		Monthly Household Expenses/Debt		Household Assets	
Monthly Gross Wages	\$ 11,135.00	First Mortgage Payment	\$ 3,927.05	Checking Account(s)	\$ 2,500
Overtime	\$ 0	Second Mortgage Payment	\$ 0	Checking Account(s)	\$
Child Support / Alimony / Separation ²	\$ 0	Insurance	\$ 420.00	Savings/ Money Market	\$ 250
Social Security/SSDI	\$ 0	Property Taxes	\$ part of mortgage	CDs	\$ 0
Other monthly income from pensions, annuities or retirement plans	\$ 0	Credit Cards / Installment Loan(s) (total minimum payment per month)	\$ 0	Stocks / Bonds	\$ 0
Tips, commissions, bonus and self-employed income	\$ 0	Alimony, child support payments	\$ 0	Other Cash on Hand	\$ 0
Rents Received	\$ 0	Net Rental Expenses	\$ 0	Other Real Estate (estimated value)	\$ 0
Unemployment Income	\$ 0	HOA/Condo Fees/Property Maintenance	\$ 0	Other Auto	\$ 11,200.00
Food Stamps/Welfare	\$ 0	Car Payments	\$ 0	Other Auto	\$ 4,825.00
Other (investment income, royalties, interest, dividends etc.)	\$ 0	Other Utilities \$350.00	\$ 1,250.00	Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)	
		Chapter 13 payment \$900.			
Total (Gross Income)	\$ 11,135.00	Total Debt/Expenses	\$ 5,597.05	Total Assets	\$18,775.00

INCOME MUST BE DOCUMENTED¹

¹Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using the back of this form if necessary.

²You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below.

BORROWER		CO-BORROWER	
<input type="checkbox"/> I do not wish to furnish this information		<input type="checkbox"/> I do not wish to furnish this information	
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino	Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input checked="" type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input checked="" type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex:	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Sex:	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male
To be completed by interviewer		Name/Address of Interviewer's Employer	
This request was taken by:		Interviewer's Name (print or type) & ID Number	
<input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet		Interviewer's Signature _____ Date _____	
		Interviewer's Phone Number (include area code) _____	

page 2 of 3

ACKNOWLEDGEMENT AND AGREEMENT

In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
5. That: my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD-certified housing counselor.

▶ Julio P Julao

Borrower Signature

5/3/11

Date

▶ Elisa P Julao

Co-Borrower Signature

5/3/11

Date

HOMEOWNER'S HOTLINE

If you have questions about this document or the modification process, please call your servicer.

If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

888-995-HOPE

Homeowner's HOPE™ Hotline

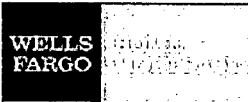
NOTICE TO BORROWERS

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that:

"Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sig tarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.





FINANCIAL WORK SHEET

Primary Insurance Certificate No. :		LOAN No. :	708-0062733753
		MIC/LGIC No. :	
Borrower's Name :	Julio P. Julao, Jr.	Social Security #	-6393
Borrower's Name :	Elisa P. Julao	Social Security #	-6117
Home Phone No. :	415-314-6132	Work Phone No. :	415-646-5751
If necessary who should we call to set up an appointment to appraise the property:			Elisa Julao

PROPERTY ADDRESS

Street Address, City, State, Zip Code :
3906 Savannah Court, South San Francisco, CA 94080

MAILING ADDRESS (If different than property address)

Rent XX Own How Long 5 YR

Street Address, City, State, Zip Code:

I. MONTHLY INCOME DATA

DESCRIPTION	INCOME BORROWER	INCOME CO-BORROWER	TOTAL
Net Salary Wages	3,646.00	4,177.00	7,823.00
Commission/ Bonuses	0	0	
Other (Identify)	0	0	
Total Net Income	3,646.00	4,177.00	7,823.00

II. ASSETS

III. LIABILITIES

DESCRIPTION	ESTIMATED VALUE	DESCRIPTION	MONTHLY PAYMENT	BALANCE DUE
HOME	\$545,000.00	MORTGAGE	3,927.05	706,193.39
OTHER REAL ESTATE	0	OTHER MORTGAGE/RENT	0	
AUTOMOBILE	11,200.00	ALIMONY/CHILD CARE	0	
AUTOMOBILE	4,825.00	AUTOMOBILE	0	
CHECKING ACCOUNTS	2500	AUTOMOBILE	0	
SAVING/MONEY MRKT	0	UTILITIES (TOTAL)	350	0
IRA/EOGH ACCOUNTS	0.00	STUDENT LOAN	0	
401K/ESOP ACCOUNTS	48,000.00	CREDIT CARDS (TOTAL)	0	
STOCK/BOND CD'S	0	OTHER EXPENSES Ch13	900	36,000.00
OTHER INVESTMENTS	0			
		TOTAL:	5,177.05	742,193.39

Please briefly explain your hardship or reason for being delinquent:

Our financial situation forced us into Ch13 Bankruptcy Case#09-31756 DM

SEE ATTACHED HARDSHIP LETTER

I (we) certify that the financial information stated above is true, and is an accurate statement of my/our financial condition.

I/we understand and acknowledge that any action taken by the lender of my/our mortgage loan on my/our behalf will be made in strict reliance on the financial information provided. My/our signature(s) below grants the holder of my/our mortgage the authority to obtain a credit report to verify the information in this financial to be accurate.

NOTICE: AT1 Title Co. is a subsidiary of Norwest Mortgage, Inc. A lender is allowed to require the use of an Attorney,

Escrow Agent, Credit Reporting Agency or Real Estate Appraiser chosen to represent the lender's interest.

By: Julio P. Julao Date: 5 / 3 / 11 By: Elisa P. Julao Date: 5 / 3 / 11

FINAL INSTRUCTIONS

- * Make sure you have signed and dated the form
- * Include copy of your last year's Federal Tax Return with all attachments
- * Include copy of your most recent pay stubs or proof of income if self-employed

HELP FOR AMERICA'S HOMEOWNERS.

**DODD-FRANK CERTIFICATION**

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to receive assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud or forgery, (B) money laundering or (C) tax evasion.

Borrower

- ☒ I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:
 (a) felony larceny, theft, fraud or forgery, (b) money laundering or
 (c) tax evasion

<|1/1|

Additional Co-Borrower (1)

- ☐ I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:
 (a) felony larceny, theft, fraud or forgery, (b) money laundering or
 (c) tax evasion

|1/1|>

Co-Borrower

- ☒ I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:
 (a) felony larceny, theft, fraud or forgery, (b) money laundering or
 (c) tax evasion

Additional Co-Borrower (2)

- ☐ I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:
 (a) felony larceny, theft, fraud or forgery, (b) money laundering or
 (c) tax evasion

In making this certification, I/we certify under penalty of perjury that all of the information in this document is truthful and that I/we understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

Julio P Julao

Print Borrower Name

Borrower Signature

5/3/11

Date

Elisa P Julao

Print Co-Borrower Name

Co-Borrower Signature

5/3/11

Date

ATTACHMENT 2 JULAO 09-31756 DM

Form **4506T-EZ**

(Rev. January 2010)

Department of the Treasury
Internal Revenue Service**Short Form Request for Individual Tax Return Transcript**

OMB No. 1545-2154

► Request may not be processed if the form is incomplete or illegible.

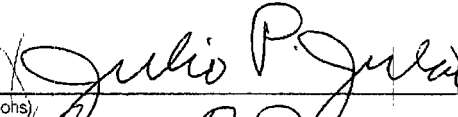
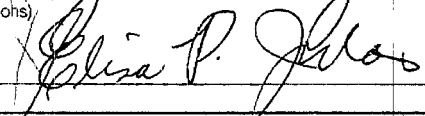
Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first. Julio P. Julao, Jr.	1b First social security number on tax return 6393
2a If a joint return, enter spouse's name shown on tax return. Elisa P. Julao	2b Second social security number if joint tax return 6117
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code 3906 Savannah Court, South San Francisco, CA 94080	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	
Third party name Wells Fargo Home Mortgage, and/or its agents	Telephone number
Address (including apt., room, or suite no.), city, state, and ZIP code	
6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.	

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, either husband or wife must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Sign Here	Julio P Julao		5/3/11	Telephone number of taxpayer on line 1a or 2a 415-314-6132
	Signature (see instructions)		Date	
	Elisa P Julao		5/3/11	
	Spouse's signature		Date	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 54185S

Form **4506T-EZ** (Rev. 01-2010)

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate a third party (such as a mortgage company) to receive a transcript on line 5. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a fiscal tax year (that is, a tax year beginning in one calendar year and ending in the following year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request the following.

- A transcript of a business return (including estate and trust returns).
 - An account transcript (contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed).
 - A record of account, which is a combination of line item information and later adjustments to the account.
 - A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.
 - A Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.
- Form 4506-T can also be used for requesting tax return transcripts.

Automated transcript request. You can call 1-800-829-1040 to order a tax return transcript through the automated self-help system. You cannot have a transcript sent to a third party through the automated system.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when that return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different RAVS teams, send your request to the team based on the address of your most recent return.

If you filed an individual return and lived in:

Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia

Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O.

address

Alaska, Arizona, California, Colorado, District of Columbia, Hawaii, Idaho, Iowa, Kansas, Maine, Maryland, Massachusetts, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Vermont, Washington, Wisconsin, Wyoming

Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia

Mail or fax to the "Internal Revenue Service" at:

RAVS Team
P.O. Box 47-421
Stop 91
Doraville, GA 30362
770-455-2335

RAVS Team
Stop 6716 AUSC
Austin, TX 73301
512-460-2272

RAVS Team
Stop 37106
Fresno, CA 93883
559-456-5876

RAVS Team
Stop 6705-B41
Kansas City, MO
64999
816-292-6102

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506T-EZ within 120 days of the date signed by the taxpayer or it will be rejected.

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 9 min.; Preparing the form, 18 min.; and Copying, assembling, and sending the form to the IRS, 20 min.**

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

2330343 10412038249600111241

FILE# 139311	NAME J JULAD	COADDR SFOPD	ORGAN 08834	ST 04	JOB# 603524	TAX KEY 04041000	PEN 11	DEPOSIT# 02330343	HOME ADDRESS 3906 SAVANNAH COURT SOUTH SAN FRANCISCO CA 94080
PERIOD: 03/13/11 - 03/26/11		CHECK DATE: 04/07/11		US EXEMPTIONS		FED: 03		STATE: 04	

YEAR-TO-DATE		CURRENT EARNINGS		DEDUCTIONS				HOURS PAID	
DESCRIPTION	US DOLLARS	DESCRIPT	US DOLLARS	DESCRIPT	US DOLLARS	DESCRIPT	US DOLLARS	DESCRIPT	HOURS PAID
US YTD TXBL WAGES	21191.84	REGULAR PAY	2377.60	FED TAX	310.88	FICA TAX	170.91	REGULAR	80.00
US STATE WH TAX	501.82	TIME/HALF	713.28	CA ST TX	84.30	CA 9DI	36.26	OVERTIME	16.00
US FICA WH TAX	1198.18	SHIFT PAY	55.12	SALARY ADV	1200.00	1BT LTD	12.78		
US FEDERAL WH TAX	2602.08	GROSS PAY	3146.00	GUL EMP	4.98	401K DEDUCT	298.86		
401K		HMO DED	-96.20	401K DEDN2	91.56	1BT856DUES	65.00		
MISC TAX	254.30	DENTAL	-14.16						
		VISION DED	-14.36						
		ADJ GROSS	3021.28						

MEMO ITEMS	US DOLLARS	
ST - FICA	3.72	

BANK# : 121100782	SICK BAL 848.00
ACCT# : ###43903	OCC BAL 1664.00
	AS OF 03/26/11

TOTAL DEDUCTIONS:	2272.53	DEPOSIT AMT:	748.75
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EMPLOYEE PASS TRAVEL CHARGE DETAIL
LT ORG DES FLTDATE CL REL TAXES SVC CHG

2371498

DEPOSIT #: 02371498

UNITED
ATTACHMENT 2 JULAO 09-31756 DM

DATE: 05 MAY 11

DIRECT DEPOSIT FOR:

VOID VOID

JULIO P. JULAO

VOID

FILE CO-ADDR ST ORGAN
139311 SFOPD 4 8834 02371498 05/05/11

NOT NEGOTIABLE

DIRECT DEPOSIT

THIS IS NOT A CHECK

DEPOSIT TO BANK# 121100782

ACCT# 000003903

VOID

Security Features
Indicated
Data on back

⑈ 2371498 ⑈ ⑆04⑆203824⑆9600⑆1⑆1⑆24⑆⑈

FILENO	NAME	COADDR	ORGAN	ST	JOB CODE	TAX KEY	PEN	DEPOSIT#	HOME ADDRESS
139311	J JULAO	SFOPD	08834	04	603524	04041000	11	02371498	3906 SAVANNAH COURT SOUTH SAN FRANCISCO CA 94080
PERIOD: 04/10/11 - 04/23/11		CHECK DATE: 05/05/11		US EXEMPTIONS		FED: 03	STATE: 04		
YEAR-TO-DATE		CURRENT EARNINGS		DEDUCTIONS		DEDUCTIONS		HOURS PAID	
DESCRIPTION	US DOLLARS	DESCRIPT	US DOLLARS	DESCRIPT	US DOLLARS	DESCRIPT	US DOLLARS	DESCRIPT	HOURS PAID
US YTD TXBL WAGES	25882.40	REGULAR PAY	2377.60	FED TAX	201.98	FICA TAX	129.89	REGULAR	80.00
US STATE WH TAX	576.24	SHIFT PAY	42.40	CA ST TX	37.21	CA SDI	27.54		
US FICA WH TAX	1443.40	GROSS PAY	2420.00	10T LTD	12.78	GUL EMP	4.98		
US FEDERAL WH TAX	3031.04	HMO DED	-96.20	401K DEDUCT	295.86	401K DEDN2	91.56		
401K		DENTAL	-14.16						
MISC TAX	310.58	VISION DED	-14.36						
		ADJ GROSS	2295.28						
MEMO ITEMS		US DOLLARS							
GT - FICA		3.72							

BANK# : 121100782
ACCT# : 000003903SICK BAL 856.00
OCC BAL 1672.00
AS OF 04/23/11

TOTAL DEDUCTIONS: 866.80 DEPOSIT AMT: 1428.48

EMPLOYEE PASS TRAVEL CHARGE DETAIL
FLT ORG DES FLTDTE CL REL TAXES SVC CHG

2346064

DEPOSIT #: 02346064

ATTACHMENT 2 JULAO 09 31756 DM

DATE: 21 APR 11

DIRECT DEPOSIT FOR:

VOID VOID

VOID

JULIO P. JULAO

FILE CO-AMT ST ORGAN
189311 SFOPD 4 8884 02346064 04/21/11

NOT NEGOTIABLE

DIRECT DEPOSIT
THIS IS NOT A CHECKDEPOSIT TO BANK# 121100782
ACCT# #####3903

VOID

Security Features
Holograms
Details on back

⑈2346064⑈ ⑈041203824⑈9600111241⑈

FILENO	NAME	COADDR	ORGAN	ST	JOB CODE	TAX KEY	PEN	DEPOSIT#	HOME ADDRESS
139311	J JULAO	SFOPD	8884	04	603524	04041000	11	02346064	3906 SAVANNAH COURT SOUTH SAN FRANCISCO CA 94080

PERIOD: 03/27/11 - 04/09/11 CHECK DATE: 04/21/11 US EXEMPTIONS FED: 03 STATE: 04

YEAR-TO-DATE		CURRENT EARNINGS		DEDUCTIONS				HOURS PAID	
DESCRIPTION	US DOLLARS	DESCRIPT	US DOLLARS	DESCRIPT	US DOLLARS	DESCRIPT	US DOLLARS	DESCRIPT	HOURS PAID
US YTD TXBL WAGES	23487.12	REGULAR PAY	2377.60	FED TAX	201.98	FICA TAX	129.68	REGULAR	80.00
US STATE WH TAX	539.03	SHIFT PAY	42.40	CA ST TX	57.21	CA SDI	27.54		
US FICA WH TAX	1327.86	GROSS PAY	2420.00	IBT LTD	12.78	GUL EMP	4.98		
US FEDERAL WH TAX	2804.06	HMO DED	-96.20	401K DEDUCT	295.86	401K DEDN2	91.56		
401K		DENTAL	-14.16						
MISC TAX	281.84	VISION DED	-14.36						
		ADJ GROSS	2295.28						

MEMO ITEMS US DOLLARS

BANK# : 121100782
ACCT# : #####3903

TOTAL DEDUCTIONS: 801.59 DEPOSIT AMT: 1693.69

SICK BAL 856.00
DCC BAL 1672.00
AS OF 04/09/11EMPLOYEE PASS TRAVEL CHARGE DETAIL
FLT ORG DES FLTDTE CL REL TAXES SVC CHG

SAN FRANCISCO UNIFIED SCH DIST
135 Van Ness Avenue
San Francisco, CA 94102

ATTACHMENT

Pay Group: CSC-Civil Service
Pay Begin Date: 03/30/2011
Pay End Date: 06/28/2011
2 JULAO 0931756 DM

Business Unit: CLASS
Advice #: 00000000597170
Advice Date: 04/28/2011

Elisa P Julao 3906 Savannah Court South San Francisco CA 94080	Employee ID: 4431 Department: S07-DR CHARLES DREW ELEMENTARY Location: Dr. Charles Drew E.S. Job Title: IS Administrator I Pay Rate: \$29.17 Hourly, Grade:394, Step:5	TAX DATA Federal: 0 CA State: 0 Marital Status: Married Allowances: 0 Add'l. Pct.: 0 Add'l. Amt.:
--	--	---

HOURS AND EARNINGS						TAXES		
Description	Rate	Current Hours	Earnings	Hours	Earnings	Description	Current	YTD
Regular Earnings	29.170000	56.00	1,633.52	456.00	13,301.52	Fed Withholding	287.40	1,590.53
Longevity Premium			26.40		192.00	Fed YTD/EE	37.91	269.25
Vacation	29.170000	24.00	700.08	64.00	1,866.88	Fed QASDI/EE	109.83	779.90
Overtime - Classified	43.755000	8.00	350.04	16.00	700.08	CA Withholding	71.86	442.50
Paid Holiday			0.00	32.00	933.44	CA SDI-ETDI	32.52	229.13
Sick Pay			0.00	40.00	1,166.80			
Furlough District - Exception			0.00	16.00	466.72			
Floating Holiday			0.00	32.00	933.44			
Total:		88.00	2,710.04	656.00	19,094.16	Total:	539.52	3,661.31
DEDUCTIONS						DEDUCTIONS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Blue Shield Pre Tax	55.79	418.32	Local 21 ProTech Dues	22.73	177.12	1021 Sick		230.41
Blue Shield Pre Tax	39.41	18.36				1021 Vacation		30.11
City Ret Full New Plan/Pick Up	177.00	1,319.36				1021 Cas Comp		0.00
						1021 FL Holiday		0.00
Total:	272.20	1,846.04	Total:	22.73	177.12	Total:	260.52	260.52
Current:	2,710.04		Current:	439.52		Current:	254.96	1,875.56
YTD:	19,094.16		YTD:	3,651.31		YTD:	2,081.68	13,380.92

MESSAGE:

Advice #00000000597170
Total: 1,875.56

SAN FRANCISCO UNIFIED SCH DIST
135 Van Ness Avenue
San Francisco, CA 94102

Date: 04/20/2011

Advice No: 597170

Deposit Amount: \$1,875.56

To The Account(s) Of: ELISA P JULAO
3906 Savannah Court
South San Francisco, CA 94080

Account Type	Deposit Amount
Checking	1,875.56
Total:	1,875.56

NON-NEGOTIABLE

ATTACHMENT 2 JULAO 09-31756 DM

SAN FRANCISCO UNIFIED SCH DIST

135 Van Ness Avenue
San Francisco, CA 94102

Pay Group: CSC-Civil Service
Pay Begin Date: 03/16/2011
Pay End Date: 03/29/2011

Business Unit: CLASS
Advice #: 00000000594997
Advice Date: 04/06/2011

Elisa P Julao 3906 Savannah Court South San Francisco CA 94080	Employee ID: 4431 Department: 507-DR CHARLES DREW ELEMENTARY Location: Dr. Charles Drew E.S. Job Title: IS Administrator I Pay Rate: \$29.17 Hourly Grade: 394 Step: 5	TAX DATA: Federal: CA State Marital Status: Married Married (one income) Allowances: 0 0 Addl. Pct.: Addl. Amt.:
--	--	--

EARNINGS						TAXES		
Description	Rate	Current Hours	Earnings	Hours	Earnings	Description	Current	YTD
Regular Earnings	29.170000	36.00	1,053.52	400.00	11,668.00	Fed Withholding	201.85	1,643.13
Furlough District - Exception	29.170000	8.00	233.56	16.00	466.72	Fed MED/EE	29.39	231.34
Floating Holiday	29.170000	16.00	466.72	32.00	933.44	Fed GASDI/EE	85.11	670.07
Longevity Premium			21.60		165.60	CA Withholding	41.35	370.64
Vacation			0.00	40.00	1,166.80	CA SDI FTDI	25.46	196.61
Overtime - Classified			0.00	8.00	350.08			
Paid Holiday			0.00	32.00	933.44			
Sick Pay			0.00	40.00	1,166.80			
Total:		80.00	2,121.84	568.00	16,384.12	Total:	383.16	3,111.79
DEDUCTIONS						TAXES		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Blue Shield Pre Tax	55.79	390.53	Local 21 ProTech Dues	20.43	154.39	1021 Sick		225.41
Blue Shield Pre Tax	39.44	39.44				1021 Vacation		47.99
City Ret Full New Plan/Pick Up	159.34	1,202.36				1021 Clas Comp		0.00
						1021 FL-Holiday		0.00
Total:	244.37	1,632.33	Total:	20.43	154.39	Total:	274.80	1,463.88
TOTAL EARNINGS						TOTAL DEDUCTIONS		
Current:	2,121.84		1,867.47		383.16		274.80	1,463.88
YTD:	16,384.12		14,751.59		3,111.79		1,786.92	11,485.41

MESSAGE:

NET PAY DISTRIBUTION	
Advice #00000000594997	1,463.88
Total:	1,463.88

SAN FRANCISCO UNIFIED SCH DIST

135 Van Ness Avenue
San Francisco, CA 94102

Date
04/06/2011

Advice No.
594997

Deposit Amount: \$1,463.88

To The
Account(s) Of **ELISA P JULAO**
3906 Savannah Court
South San Francisco, CA 94080

DIRECT DEPOSIT DISTRIBUTION	
Account Type	Deposit Amount
Checking	1,463.88
Total:	1,463.88

NON-NEGOTIABLE

SAN FRANCISCO UNIFIED SCH DIST
135 Van Ness Avenue
San Francisco, CA 94102

ATTACHMENT 2

Pay Group: CSC-Civil Service
Pay Begin Date: 04/13/2011
Pay End Date: 05/04/2011

Business Unit CLASS
Advice #: 00000000603269
Advice Date: 05/04/2011

Elisa P Jilao 3906 Savannah Court South San Francisco CA 94080	Employee ID: 4431 Department: 507-DR CHARLES DREW ELEMENTARY Location: Dr. Charles Drew ELS Job Title: IS Administrator I Pay Rate: \$29.17 Hourly Grade 394 Steps 5	TAX DATA: Federal CA State Married Status: Married Allowances: 0 Add'l Pct.: Add'l State:
--	--	---

Earnings				Deductions			
Description	Rate	Current Hours	Earnings	Description	Current	YTD	
Regular-Earnings	29.17000	72.00	2,100.24	Fed-Withholding	201.85	2,132.38	
Furlough District - Exception	29.17000	8.00	233.36	Fed-MBD/EE	29.89	298.64	
Longevity Premium			21.60	Sch OASDI/EE	85.11	865.01	
Paid Holiday			0.00	CA-Withholding	41.33	483.85	
Sick Pay			0.00	CA-SDI FTDI	25.46	254.36	
Floating Holiday			0.00				
Overtime - Classified			0.00				
Vacation			0.00				
Total:		80.00	2,121.84	Total:	383.16	4,034.47	
Earnings				Deductions			
Description	Current	YTD		Description	Current	YTD	
Blue Shield Pre Tax	55.79	502.11		1021 - Sick		224.41	
Blue Shield Pre Tax	39.44	1183.2		1021 - Vacation		36.91	
City Ret Full New Plan Pick Up	159.14	1,538.70		1021 - Class Comp		0.00	
				1021 - FL Holiday		0.00	
Total:	254.37	2,159.13		Total:	261.32	261.32	
Current	2,121.84	1,867.47	383.16	Current	274.80	1,463.88	
YTD	2,121.84	19,056.87	4,034.47	YTD	2,356.68	14,824.85	

MESSAGE:

NET PAY: \$1,463.88	
Advice #00000000603269	1,463.88
Total:	1,463.88

SAN FRANCISCO UNIFIED SCH DIST
135 Van Ness Avenue
San Francisco, CA 94102

Date: 05/04/2011

Advice No. 603269

Deposit Amount: \$1,463.88

To The
Account(s) Of: ELISA P JILAO
3906 Savannah Court
South San Francisco, CA 94080

DIRECT DEPOSIT DISTRIBUTION	
Account Type	Deposit Amount
CHECKING	1,463.88
Total:	1,463.88

NON-NEGOTIABLE

ATTACHMENT 2 JULAO 09-31756 DM

Form

1040

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return 2010

(99)

IRS Use Only—Do not write or staple in this space.

Name,
Address,
and SSNSee separate
instructions.

For the year Jan. 1-Dec. 31, 2010, or other tax year beginning		2010, ending		20		OMB No. 1545-0074	
Your first name and initial JULIO P.		Last name JULAO JR				Your social security number -6393	
If a joint return, spouse's first name and initial ELISA P.		Last name JULAO				S security number -6117	
Home address (number and street). If you have a P.O. box, see instructions. 3906 SAVANNAH COURT				Apt. no.		a the SSN(s) above and on line 6c are correct.	
City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. SOUTH SAN FRANCISCO CA 94080						Checking a box below will not change your tax or refund.	

Presidential

Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund

You ☐ Spouse ☐

Filing Status

1	<input type="checkbox"/> Single	4	<input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
2	<input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	5	<input type="checkbox"/> Qualifying widow(er) with dependent child
3	<input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here.		

Check only one
box.

Exemptions

6a	<input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a			Boxes checked on 6a and 6b	2
b	<input checked="" type="checkbox"/> Spouse			No. of children on 6c who:	
c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qual. child for child tax or (see page 15)	
(1) First name	Last name				
	JULAO	9906	Daughter		
d Total number of exemptions claimed				Add numbers on lines above	3

If more than four
dependents, see
instructions and
check here ☐

Income

Attach Form(s)
W-2 here. Also
attach Forms
W-2G and
1099-R if tax
was withheld.If you did not
get a W-2,
see page 20Enclose, but do
not attach, any
payment. Also,
please use
Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	118,598
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	6,860
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount Gambling Winnings	21	72,210
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	197,668
23	Educator expenses	23	250
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3803	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	250
37	Subtract line 36 from line 22. This is your adjusted gross income	37	197,418

Adjusted
Gross
Income

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

DAA

Form 1040 (2010)

Tax and Credits

38 Amount from line 37 (adjusted gross income) **38** **132,927**

39a Check ☐ You were born before January 2, 1946, ☐ Blind. Total boxes checked **39a**

if: ☐ Spouse was born before January 2, 1946, ☐ Blind. **39b**

b If your spouse itemizes on a separate return or you were a dual-status alien, check here **39b**

40 Itemized deductions (from Schedule A) or your standard deduction (see instructions) **40** **64,491**

41 Subtract line 40 from line 38 **41** **10,950**

42 Exemptions. Multiply 53,650 by the number on line 6d **42** **53,541**

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43** **7,191**

44 Tax (see instr.). Check if any tax is from: a ☐ Form(s) 8874 b ☐ Form 4972 **44** **7,191**

45 Alternative minimum tax (see instructions). Attach Form 6251 **45**

46 Add lines 44 and 45 **46** **7,191**

47 Foreign tax credit. Attach Form 1116 if required **47**

48 Credit for child and dependent care expenses. Attach Form 2441 **48**

49 Education credits from Form 8863, line 23 **49**

50 Retirement savings contributions credit. Attach Form 8880 **50**

51 Child tax credit (see instructions) **51**

52 Residential energy credits. Attach Form 5695 **52**

53 Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐ **53**

54 Add lines 47 through 53. These are your total credits **54**

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- **55** **7,191**

Other Taxes

56 Self-employment tax. Attach Schedule SE **56**

57 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919 **57**

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **NO** **58** **686**

59 a ☐ Form(s) W-2, box 9 b ☐ Schedule H c ☐ Form 5405, line 16 **59**

60 Add lines 55 through 59. This is your total tax **60** **7,877**

Payments

61 Federal income tax withheld from Forms W-2 and 1099 **61** **10,910**

62 2010 estimated tax payments and amount applied from 2009 return **62**

63 Making work pay credit. Attach Schedule M **63**

64a Earned income credit (EIC) **64a**

b Nontaxable combat pay election **64b**

65 Additional child tax credit. Attach Form 8812 **65**

66 American opportunity credit from Form 8863, line 14 **66**

67 First-time homebuyer credit from Form 5405, line 10 **67**

68 Amount paid with request for extension to file **68**

69 Excess social security and tier 1 RRTA tax withheld **69**

70 Credit for federal tax on fuels. Attach Form 4136 **70**

71 Credits from Form: a ☐ 2439 b ☐ 8839 c ☐ 8801 d ☐ 8885 **71**

72 Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments **72** **10,910**

Refund

73 If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid **73** **3,033**

74a Amount of line 73 you want refunded to you. If Form 8878 is attached, check here **74a** **3,033**

Direct deposit?
See
instructions.

b Routing number **XXXXXXXXXX** c Type: ☐ Checking ☐ Savings

d Account number **XXXXXXXXXXXXXXXXXXXX**

75 Amount of line 73 you want applied to your 2011 estimated tax **75**

Amount You Owe

76 Amount you owe. Subtract line 72 from line 60. For details on how to pay, see instructions **76**

77 Estimated tax penalty (see instructions) **77**

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☐ No

Designee's name **Personal identification number (PIN)** **Phone no.**

Sign Here

Joint return?
See page 12.
Keep a copy
for your
records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature **Date** Your occupation **MECHANIC** Daytime phone number

Spouse's signature. If a joint return, both must sign. **Date** Spouse's occupation **COMPUTER ADMINISTRATOR**

Paid

Print/Type preparer's name **Preparer's signature** **Date** Check ☒ if self-employed PTIN **P00420326**

MICHAEL J. MARKOVICH **MICHAEL J. MARKOVICH** **04/07/11**

Preparer

Firm's name **Michael J. Markovich** Firm's EIN

Use Only

Firm's address **6654 Mission St** Phone no. **650-755-2262**

Daly City **CA 94014-2028**

Form 1040 (2010)

JAA

ATTACHMENT 3 JULAO 09-31756 DM



DATE: 04/27/11

Leon Jon Bonney
Bonney and Ass
825 Van Ness Ave. #304
San Francisco, CA 94109-7837

RE: JULIO P JULAO
WFHM: 708 -0062733753
-CASE: **09-31756**

RE: Request for workout options

Dear Sir or Madam:

After reviewing the information provided to us, we must advise you that the request made by your clients, as noted above, for a Loan Modification has now been declined for the following reason(S):

 X REMOVING FILE DUE TO NOT BEING ABLE TO OBTAIN ADDITIONAL INFORMATION FROM OUR MORTGAGOR(S) AFTER SEVERAL ATTEMPTS MADE. I AM RECOMMENDING THIS FILE BE REMOVED FOR NOT MEETING THE NECESSARY REQUIREMENTS FOR REVIEW. WE CAN REOPEN THE FILE ONCE THE NECESSARY DOCUMENTS HAVE BEEN OBTAINED.

As the loan is still active in a bankruptcy, no other actions will proceed at this point and we are closing our file.

Please note that you still have the option of reapplying for modification consideration and/or liquidating your interest in the property by either a Short Sale or Deed in Lieu of Foreclosure. The criteria to be considered for either option is (1) the property must be marketed for 90 days or more (2) obtain a recent property appraisal, and (3) bankruptcy court approval. Once we receive verification that these criteria have been met, we will review the mortgage loan for a Short Sale or Deed in Lieu.

We regret that we could not be of greater assistance. If you have any further questions, please call us at (800) 274-7025, Monday through Friday, 8 AM to 8 PM, Central Time.

We are required by the Fair Debt Collection Practices Act to inform you that if your loan is currently delinquent or in default, as your loan servicer, we will be attempting to collect a debt and any information obtained will be used for that purpose. However, if you have received a discharge, and the loan was not reaffirmed in the bankruptcy case, we will only exercise our right as against the property and are not attempting any act to collect the discharge debt from you personally

Sincerely,
Susie Brasfield
Well Fargo Home Mortgage

1000 BLUE GENTIAN RD. SUITE 300, EAGAN, MN 55121
MAC#: X9999-01N PHONE: 800-274-7025 • FAX: 866-359-7365

ATTACHMENT 4 JULAO 09-31756 DM

LEON JON BONNEY, ESQ.

ATTORNEY AT LAW

BONNEY & ASSOCIATES

825 VAN NESS AVENUE, SUITE 304
SAN FRANCISCO, CA 94109-7891

TEL (415) 986-0115

FAX (415) 236-6479

Email: bonney@Lbonney.com

Web: www.Lbonney.com

April 29, 2011

Atiya Z. Nixon
Well Fargo Home Mortgage
1000 Blue Gentian RD Ste 300
Eagan, MN 55121
Via Fax 1-866-359-7363 and Email: Atiya.Z.Nixon@wellsfargo.com

Re WFHM: 708_0062733753
CASE: 09-31756
Request for workout options - Loan Modification
Julio P Julao and Elisa P Julao
3906 Savannah Ct, South San Francisco, CA 94080

Dear Ms Nixon,

In reply to your letter dated April 29, 2011 (copy attached for your reference) regarding my clients workout efforts, wherein you state you will be closing your file, please do not close the file.

I expect to submit the full package of information, which you requested no later than Tuesday May 3, 2011. I have an appointment with my clients scheduled for 4 PM on Monday May 2, 2011 to obtain their signatures on the documents, which are to be submitted to you.

I will be faxing the information to you at 1-866-359-7363. Please confirm that this is the correct fax number that you require the documents to be faxed. Alternatively, if you prefer PDF copies to be sent via email, please confirm to which email address you wish the documents sent.

If you have any questions or comments please feel free to contact me. Thank you for your assistance.

Cordially,



Leon Jon Bonney
Attorney at Law
Cc: Trustee, Clients
W/attachments

LJB/mmi

ATTACHMENT 4 JULAO 09-31756 DM



DATE: 04/29/2011

**Leon Jon Booney
Booney and Assoc
825 Van Ness Ave. #304
San Francisco, CA 94109**

WFHM: 708_0062733753
CASE: 09-31756
RE: Request for workout options

Dear Sir or Madam:

After reviewing the information provided to us, we must advise you that the request made by your clients, as noted above, for a Loan Modification has now been declined for the following reason(S):

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Sincerely,

Well Fargo Home Mortgage

1000 BLUE GENTIAN RD. SUITE 300, EAGAN, MN 55121
MAC#: X9999-01N PHONE: 800-274-7025 • FAX: 866-359-7363

ATTACHMENT 5 JULAO 09-31756 DM

Bonney & Associates

From: <Atiya.Z.Nixon@wellsfargo.com>

To: <bonney@lbonney.com>

Sent: Friday, April 29, 2011 10:41 AM

Subject: RE: JULIO P JULAO and ELISA P JULAO-708_0062733753

I will open the file back up when I receive the documents needed. You can send the documents via email or fax. If you send the documents by fax please email me to notify.

Thanks

From: Leon Jon Bonney Atty [mailto:bonney@lbonney.com]

Sent: Friday, April 29, 2011 11:23 AM

To: Nixon, Atiya Z.

Subject: Re: JULIO P JULAO and ELISA P JULAO-708_0062733753

April 29, 2011

Atiya Z. Nixon

Well Fargo Home Mortgage

1000 Blue Gentian RD Ste 300

Eagan, MN 55121

Via Fax 1-866-359-7363 and Email: Atiya.Z.Nixon@wellsfargo.com

Re WFHM: 708_0062733753

CASE: 09-31756

Request for workout options - Loan Modification

Julio P Julao and Elisa P Julao

3906 Savannah Ct, South San Francisco, CA 94080

Dear Ms Nixon,

Please see attached. In reply to your letter dated April 29, 2011 (copy attached for your reference) regarding my clients workout efforts, wherein you state you will be closing your file, please do not close the file.

I expect to submit the full package of information, which you requested no later than Tuesday May 3, 2011. I have an appointment with my clients scheduled for 4 PM on Monday May 2, 2011 to obtain their signatures on the documents, which are to be submitted to you.

I will be faxing the information to you at 1-866-359-7363. Please confirm that this is the correct fax number that you require the documents to be faxed. Alternatively, if you prefer PDF copies to be sent via email, please confirm to which email address you wish the documents sent.

If you have any questions or comments please feel free to contact me. Thank you for your assistance.

Best Regards,

Leon Jon Bonney, Esq.

ATTACHMENT 5 JULAO 09-31756 DM

Bonney & Associates Attorney at Law

825 Van Ness Avenue Ste. 304 San Francisco, CA 94109-7891

Tel: 1-415-986-0115 Fax: 1-415-236-6479 Web: www.LBonney.com Email: Bonney@LBonney.com

Licensed by the State Bar of California Since 1983. Office Hours M-F 9-5

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----- Original Message -----

From: [LJBonney Atty](mailto:LJBonney@att.net)

To: bonney@lbonney.com

Sent: Friday, April 29, 2011 8:20 AM

Subject: Fw: JULIO P JULAO and ELISA P JULAO-708_0062733753

----- Original Message -----

From: Atiya.Z.Nixon@wellsfargo.com

To: ljbbonney@earthlink.net

Sent: Friday, April 29, 2011 6:11 AM

Subject: JULIO P JULAO and ELISA P JULAO-708_0062733753

ATTACHMENT 6 JULAO 09-31756 DM

Bonney & Associates

From: "Leon Jon Bonney Atty" <bonney@lbonney.com>
To: <Atiya.Z.Nixon@wellsfargo.com>
Sent: Tuesday, May 24, 2011 11:23 AM
Subject: Julio & Elisa Julao Ch13 09-31756 DM Loan Number: 708 0062733753 Well Fargo Home Mortgage - Loss Mitigation RMA

Dear Ms Nixon,

I am following up on the loan modification application which I sent to you regarding the Julao's.
Is there any update at this time?

In re Julio & Elisa Julao Ch13 09-31756 DM Loan Number: 708 0062733753 Wells Fargo Home Mortgage

Re Attorney's Authorization to Contact Borrowers
Loan Number: 708 0062733753 Wells Fargo Home Mortgage
3906 Savannah Ct, South San Francisco, CA 94080-3947
Borrowers: Julio P Julao and Elisa P Julao
In re Julio P Julao and Elisa P Julao Ch 13 Bankruptcy Case No. 09-31756 DM

Best Regards,

Leon Jon Bonney, Esq.
Bonney & Associates Attorney at Law
825 Van Ness Avenue Ste. 304 San Francisco, CA 94109-7891
Tel: 1-415-986-0115 Fax: 1-415-236-6479 Web: www.LBonney.com Email: Bonney@LBonney.com
Licensed by the State Bar of California Since 1983. Office Hours M-F 9-5

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